

Walk in Memory . Walk for Hope

I understand that I am voluntarily participating in the Walk in Memory, Walk for Hope Community Suicide Prevention Walk at my own risk and my own request. I hereby waive all claims against the Nevada Coalition for Suicide Prevention, sponsors, or any event personnel, paid or volunteer, for any injury that I might suffer in this event. I also grant full permission for the free use of my name, picture, and voice in any broadcast, telecast, print account or any account in any medium used in connection with this event or future events of the Nevada Coalition for Suicide Prevention.

Walk in Memory, Walk for Hope involves walking - an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Nevada. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

Walk Participant Signature

Date

If Participant is a minor, the parent or guardian must agree to the following below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

Parent or Guardian of Walk Participant Date

If you would like to make a donation in the memory of the person the walker is walking in memory of, please list your information below and the amount of your donation.

I am walking in the memory of _____

Name	Address	Donation
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

*Our loved ones are not defined
by the way they died.
They are defined
by the way they lived
and the way they were loved.*



WALK IN MEMORY WALK IN HOPE

Saturday-September 11, 2010
at
Heritage Park, Gardnerville, NV

Sponsored by
Suicide Prevention Network of Douglas County
In collaboration with the
Nevada Coalition for Suicide Prevention
and
The Nevada Office of Suicide Prevention

8:00 a.m. Registration
8:45 a.m. Opening Ceremony
8:00-11:00 a.m. Resource and
Information Exhibits Open

Everyone is welcome to participate
in the
Memory Walk on September 11th.
Our program of Remembrance,
Celebration of Life & Hope
offers information to raise
awareness of suicide
in our community.

Our Memory Walk is an
opportunity to learn & reflect...it
will be a personal healing path
for all who participate.

In 2009, there were 31,000 people
that died from suicide.
Over 90% of those were suffering from a
diagnosable psychological disorder...

Depression is
A DISEASE...
It is a medical..not a character issue.
AND
Depression is a Disease
that can be treated.

As we raise AWARENESS,
We can SAVE LIVES!



Register on day of Walk or
Mail Registration Form to:
**Suicide Prevention Network
of Douglas County**

1702 County A-3
Minden, Nevada 89423

Questions:

Please contact
Debbie Posnien, Executive Director
or
Orita Keebaugh, SOS Facilitator
775.783.1510

Website:

www.suicidepreventionofdouglascounty.org

Once you choose hope....
anything is possible!



Please complete for each
participant walking.

Name:

Email:

Phone:

Address:

Suggested Donation: \$20 per person
(includes 1 t-shirt)

- ☐ Individual (\$20 per person)
- ☐ Team (\$15/person for 3 or more)
- ☐ Participating without donation
- ☐ Sorry, I can't participate; here is a
donation of: _____

**Walk T-shirts available for \$10 while
supplies last**

- ☐ I would like to purchase ____ t-shirts

ALL WALKERS WELCOME!

**Please make checks payable to: Nevada
Coalition for Suicide Prevention**

All Donations Gratefully Accepted

NCSP is a 501(c)(3) non-profit organization

All donations are tax deductible:

EIN # 57-1237431

All walkers must sign a waiver.